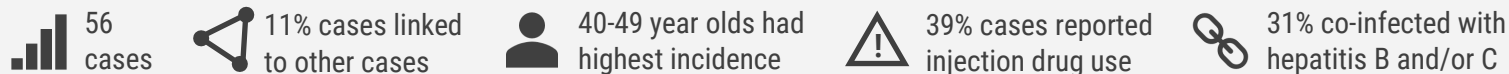


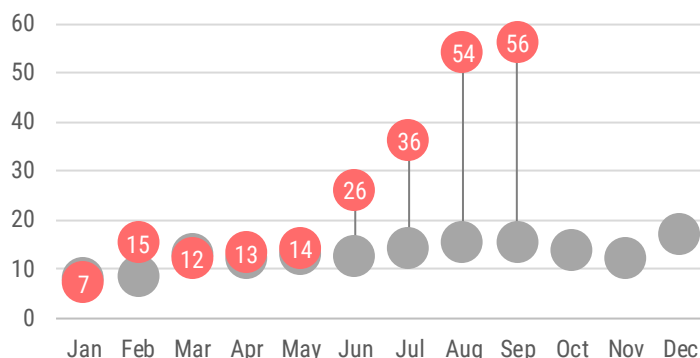
# Hepatitis A Surveillance

## September 2018

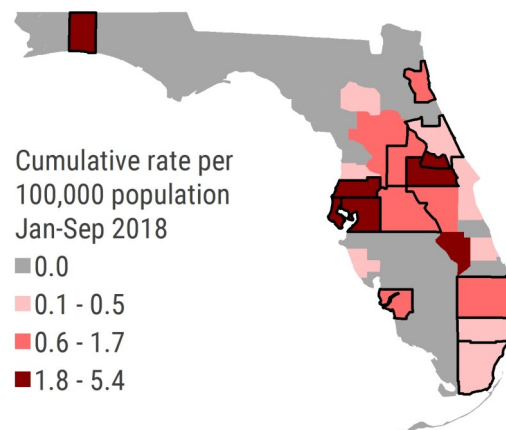
### September Key Points



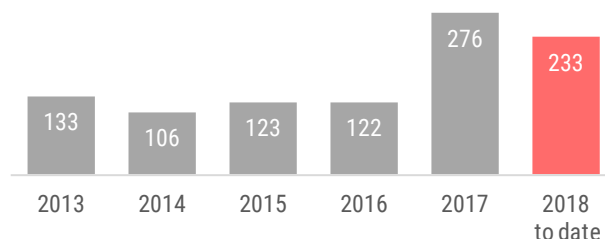
The number of reported hepatitis A cases has steadily increased each month since April 2018 and has remained at or above the previous 5-year-average all year.



The 56 hepatitis A cases in September were reported among the **14 counties outlined in black**. The central Florida region has seen the highest hepatitis A activity levels so far this year. In 2018, 81% of cases have been acquired locally in Florida.



From January 1, 2018 through September 30, 2018, **233 hepatitis A cases** were reported among **23 counties**. The number of reported hepatitis A cases more than doubled from 2016 to 2017 after remaining relatively constant in previous years. Thus far in 2018, it appears case counts will exceed those seen in 2017.



# 99%

never vaccinated

The best way to prevent hepatitis A infection is through vaccination. In 2018, 99% of hepatitis A cases had never received a documented dose of hepatitis A vaccine. Hepatitis A vaccine is recommended for all children at age 1 year and for certain high-risk groups of adults including illegal drug users and men who have sex with men (MSM). To learn more about the hepatitis A vaccine, talk to your doctor or visit: [www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-a.html](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-a.html).



In September, **6 (11%)** of **56 total cases** of hepatitis A were **linked to other cases**. Three cases were linked to other cases by **household contact**, two cases by **sexual contact**, and 1 case by **non-sexual personal contact**.





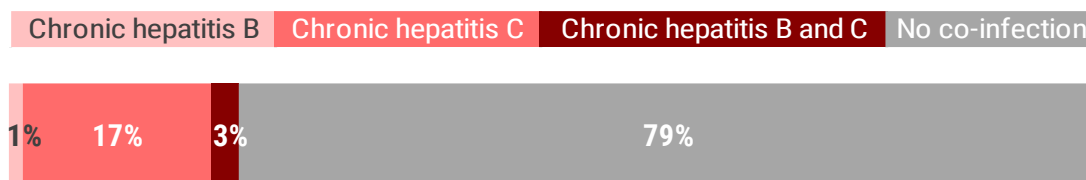
In September, the incidence rate was highest among **adults age 40-49 years old** at **0.8 cases** per 100,000 population. Cases were reported primarily among **men** (63%) and persons who identify as **non-Hispanic white** (71%).



The most common risk factor among cases reported in September was **injection drug use** in 23 cases, followed by non-injection drug use in 21 cases. In September, 1 case was reported among MSM, but 24 cases among MSM have been reported for all of 2018.



In 2018, **3 (1%)** of 233 total cases were **co-infected with chronic hepatitis B**, **40 (17%)** cases were **co-infected with chronic hepatitis C**, and **6 (3%)** were **co-infected with both chronic hepatitis B and C**. In September, 31% of cases were co-infected with chronic hepatitis B and/or C. Co-infection with more than 1 type of viral hepatitis can lead to more severe liver disease and increase the risk of developing liver cancer.



### National activity

Hepatitis A rates have decreased by more than 95% since the first vaccine became available in 1995. However, since March of 2017, the Centers for Disease Control and Prevention (CDC) has been monitoring outbreaks in ten states among persons who use drugs and/or persons who are homeless. Kentucky and West Virginia have been the most heavily impacted and response efforts are ongoing. More information about these outbreaks can be found here: [www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm](http://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm).

### Hepatitis A surveillance goals

- Identify and control outbreaks and monitor trends
- Identify and mitigate common sources
- Monitor effectiveness of immunization programs and vaccines

To learn more about hepatitis A, please visit [www.floridahealth.gov/vpd](http://www.floridahealth.gov/vpd). For more information on the data sources used in Florida for hepatitis A surveillance, see page 9.